

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	85	8-19-97
TYPIST		8-20-97
VERIFIER		10/5/97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1 (1)	
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3 (3)	
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8 (8)	
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SYMBOLS

✓ ..... Rejected  
= ..... Allowed  
(Through numeral) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final Original	
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